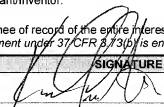


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/665,065
	Filing Date	09/19/2000
	First Named Inventor	Kamel Shaath
	Art Unit	3626
	Examiner Name	GILLIGAN, CHRISTOPHER L
	Attorney Docket Number	0002-00006 US CI

I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 94979			
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> The address associated with Customer Number: 94979 </div>			
OR <div style="display: flex; align-items: center;"> <input type="checkbox"/> Firm or Individual Name </div>			
Address _____ City _____ Country _____ State _____ Zip _____ Telephone _____ Email _____			
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	Mr. Kamel Shaath, Chief Technology Officer, KOM Networks, Inc.		
Date	4/20/2011	Telephone	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small>			
<input type="checkbox"/> *Total of _____ forms are submitted			